

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23753

STATE FILE NUMBER

FILED JUL 30 1957

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY CALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY CALLAWAY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN AUXVASSE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSP. #1			Length of stay in lb 25 MOS	d. STREET ADDRESS R.F.D.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JENNIE MAE BOYLES				4. DATE OF DEATH 7 21 57			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG. 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) FAYETTE MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME NEAL G. GRIFFIN				14. MOTHER'S MAIDEN NAME KATE SHUMAKER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. —		17. INFORMANT Address MR. & MRS. R.E. TILTON Auxvasse, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic brain Syndrome Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Inanition and decubitus ulcers DUE TO (c) —							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —		20f. CITY, TOWN, OR LOCATION —		COUNTY —		STATE —	
21. I attended the deceased from 7-21-57 to 7-21-57 and last saw her alive on — Death occurred at 6 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John J. Johnson (Degree or title)				22b. ADDRESS STATE HOSPITAL #1		22c. DATE SIGNED 7-21-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7/22/57		23c. NAME OF CEMETERY OR CREMATORY SULPHUR SPRINGS		23d. LOCATION (City, town, or county) (State) Howard County Mo	
24. FUNERAL DIRECTOR Maupin		ADDRESS Fulton Mo		25. DATE RECD. BY LOCAL REG. July 27, 1957		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

(Licensed Embolmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 29

P. O. Address Pulla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.